(c) whether the State has the highest infant mortality rate in the country, if so, the financial and other help rendered by the Centre to the State to control it?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) In view of the existing health facilities in Orissa, especially for the health care of mother and child, there is no need to establish any separate hospital, exclusively for women. Government has already proposed a multi-disciplinary super-speciality institute on the lines of AIIMS to be established at Bhubaneshwar.

(c) The Infant Mortality Rate of Orissa is 90/1000 live births (SRS-RGI 2001). As a part of the Reproductive and Child Health (RCH) Programme immunization, facilities for prevention of deaths due to acute respiratory infections and dehydration due to diarrhoea and essential newborn care are being provided. Towards improving the nutritional status of infants and children, promotion of exclusive breastfeeding and appropriate complementary feeding practices are undertaken. Programmes for prophylaxis against Vitamin 'A' deficiency and iron deficiency anaemia are being implemented. To improve outreach of these services, several schemes including organization of RCH Camps, RCH Outreach Scheme, Dai Training Programme are being implemented.

Manufacturing of combination drugs

1527. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether under para 122(e) of the Drugs and Cosmetics Rules prior permission of the Drug Controller of India is mandatory for developing a new drug with combination of two or more drugs; and

(b) if so, the names of the companies found violating the above provision during last two years and the measures taken by Government to prevent the trend of manufacturing combination based drugs without approval of the Drug Controller of India?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) Under the Drugs and Cosmetics Act, 1940 State Licensing Authorities are empowered to grant licenses for manufacture of Drugs including proprietary Drugs in the country. Certain instances of issuing of licenses by State Licensing Authorities for Drugs which fall under the ambit of definition of New Drugs {Rules-122(E)} were noticed. Thereafter, Government of India had issued strict directions to all State Licensing Authorities to be careful in this regard. Further the Drug and Cosmetics Rules, 1945 pertaining to the approval of the drugs by State Licensing Authorities have since been amended *vide* Gazette Notification GSR 311(E) dated 1st May, 2002 requiring that products following within the purview of New Drugs shall be accompanied with approval in writing, in favour of the applicant, from the office of the Drug Controller (India).

Negligence by doctors and Medical practioners

1528. SHRI SANTOSH BAGRODIA:
SHRIMATI AMBIKA SONI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government are aware that some doctors were punished for negligence while treating wife of a foreign diplomat;

(b) if so, the Government's reaction thereto;

(c) whether Government have plans to check such gross negligence by the doctors and medical practitioners who are playing with the lives of people; and

(d) whether Government have any machinery by which gross negligence by the doctors and medical practitioners can be redressed on a national scale?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) Yes, Sir. The Delhi Medical Council has examined this case and has awarded punishment to the erring doctors and have also cautioned them to desist from such negligence in future. The Medical Council of India or the appropriate State Medical Councils are competent to take disciplinary action